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APPLICANTS

Hsin-Chu Tsai, Folsom, CA;
 Subramaniam Maiyuran, Gold River, CA;
 Chung-Chi Wang, San Jose, CA;

** CONTINUING DATA *Name MM*

** FOREIGN APPLICATIONS *Name MM*

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 01/19/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>MU</i>	Examiner's Signature	Initials		

ADDRESS

Mark L. Watson
 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
 Seventh Floor
 12400 Wilshire Boulevard
 Los Angeles, CA 90025-1026

TITLE

Method and apparatus for the implementation of full-scene anti-aliasing supersampling

FILING FEE RECEIVED 892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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